

Item # _____

Prepared by: Andrew Pegues, Jr.

Commissioner _____

Approved by: _____

A RESOLUTION to amend the grant contract with the Tennessee Department of Human Services for the Community Services Block Grant Program for the period of July 1, 2008 through June 30, 2009 increasing grant funds in the amount of \$130,375.00 and to amend the FY 2009 Operating Budget. This item requires expenditure of state grant funds in the amount of \$130,375.00. Sponsored by Commissioner George Flinn.

WHEREAS, Resolution #21, adopted August 23, 2004 by the Board of County Commissioners approved the contract with the State of Tennessee Department of Human Services for the Community Services Block Grant Program; and

WHEREAS, The State of Tennessee Department of Human Services has increased the allocation to the Shelby County Community Services Agency for the Community Services Block Grant Program by \$130,375.00; and

WHEREAS, The budget period for this contract is July 1, 2008 through June 30, 2009; and

WHEREAS, All costs of this program are reimbursable by the grantor.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SHELBY COUNTY TENNESSEE, That the amendment to increase the State of Tennessee Department of Human Services grant funds for the Community Services Block Grant Program for FY 2009 by the amount of \$130,375.00 is hereby approved.

BE IT FURTHER RESOLVED, That the FY 2009 Operating Budget for Shelby County Community Services Agency's Community Services Block Grant Program is hereby amended and funds appropriated per Exhibit A, which is attached hereto and incorporated herein by reference.

BE IT FURTHER RESOLVED, That the Position Control Budget is hereby amended as per Exhibit B, which is attached hereto and incorporated herein by reference.

BE IT FURTHER RESOLVED, That the County Mayor is hereby authorized to execute any and all documents necessary to comply with the intent of this resolution.

BE IT FURTHER RESOLVED, That the County Mayor and Director of Administration and Finance be and are hereby authorized to issue their warrant or warrants to the extent of appropriations, made in this resolution, pursuant to the terms and conditions of said grant and to take proper credit in their accounting therefore.

A C Wharton, Jr.
County Mayor

DATE: _____

ATTEST:

Clerk of County Commission

ADOPTED: _____

SUMMARY

I. DESCRIPTION OF ITEM

This resolution accepts an amendment to an existing grant contract with the Tennessee Department of Human Services for the Community Services Block Grant Program for the period of July 1, 2008 through June 30, 2009 increasing grant funds in the amount of \$130,375.00 and to amend the FY 2009 Operating Budget. This item requires expenditure of state grant funds in the amount of \$130,375.00.

The Community Services Block Grant renders several year round services to eligible residents of Memphis and Shelby County. (1) Emergency Services: Rental & Mortgage payment assistance to those who have lost income within the last 90 days. This service also provides payment on prescription medicine and information & referral to other Social Service Agencies. (2). Housing: Electrical work such as breaker boxes, wiring, outlets, etc. on homes of those who qualify. (3) Homeless: Find temporary or transitional housing , case management, provide bus passes and some utility deposits. (4) Family Support: Provide Case Management and Counseling Services. Last year Community Services Block Grant Program served approximately 10,092 clients. This year we intend to serve a minimum of 7,392 clients. If we get additional funding as last budget year, we will be able to serve more. The administration recommends approval of this Resolution.

II. SOURCE AND AMOUNT OF FUNDING

- A. State Grant funding budget from \$2,168,179.00 to \$2, 298,554.00, an increase of \$130,375.00.
- B. All costs are indicated on Resolution Exhibits A & B which displays the current budget and the amended budget requests for personnel and operation & maintenance costs..
- C. This Grant involves no Shelby County Government funds..

III. CONTRACT ITEMS

The State of Tennessee Department of Human Services and Shelby County Government entered into a 5 year contract beginning July 1, 2004 and ending June 30, 2009 for the Community Services Block Grant Program. We are in the last fiscal year of this funding cycle. So far, we have received a total of \$12, 257,186.00. This year's funding of \$2,298,554.00 is included in that total. We are expecting the State of Tennessee Department of Human Services to start another multiple year funding cycle next year.

IV. ADDITIONAL INFORMATION RELEVANT TO APPROVAL OF THIS ITEM

**SHELBY COUNTY BOARD OF COMMISSIONERS
AGENDA ROUTE SHEET**

Referred to Commission Committee: Community Services

For Commission Action on 12/17/07

A RESOLUTION to amend the Grant Contract with the Tennessee Department of Human Services for the Community Services Block Grant Program **to reduce the grant funds in the amount of \$79,677, and to amend the FY 2007 – 2008 Operating Budget.** This item requires a decrease of expenditures from the Tennessee Department of Human Services funds in the amount of \$79,677. **This Resolution is sponsored by Commissioner George Flinn.**

CHECK ALL THAT APPLY BELOW:

☐ This Action does not require expenditure of funds.

☐ This item requires/approves expenditures of funds as follows(complete all that apply

County General Funds: \$ _____ ; County CIP Funds \$ _____

State Grant Funds: \$ (79,677) _____ ; County CIP Funds \$ _____

Federal Grant Funds: _____

Other funds (Specify source and amount): \$ _____

Other Pass-thru funds (Specify source and amount): \$ _____

Originating Department: Shelby County Community Services Agency

APPROVAL:

Dept. Head: C. Kaye Lawler 545-4644 \ _____ \ _____
(Type your name & phone #) (Initials) (Date)

Elected Officials: _____ \ _____ \ _____
(Type your name & phone #) (Initials) (Date)

Division Director: _____ \ _____ \ _____
(Type your name & phone #) (Initials) (Date)

CIP – A&Director: _____ \ _____ \ _____
(Type your name & phone #) (Initials) (Date)

Finance Dept.: _____ \ _____ \ _____
(Type your name & phone #) (Initials) (Date)

County Attorney: _____ \ _____ \ _____
(Type your name & phone #) (Initials) (Date)

CAO/Mayor: _____ \ _____ \ _____
(Type your name & phone #) (Initials) (Date)

